

State of West Virginia
POLITICAL COMMITTEE AUTHORIZATION FOR THE
CAMPAIGN FINANCE ON-LINE REPORTING SYSTEM

Committee Name: _____

Committee Treasurer: *(or financial agent)* _____

Treasurer's Phone: _____

Treasurer's Mailing Address: _____

City, State, Zip Code: _____

Treasurer's County: _____

Email Address: _____

I understand that by completing this form, I am enrolled in the Campaign Finance On-Line Reporting System. This will enable my campaign to file reports electronically with the Secretary of State's Office. By signing this form I hereby swear and affirm that all subsequent reports will be true and accurate, to the best of my knowledge, for all financial transactions occurring within the period covered on each financial statement. This document will serve as the oath for all electronically filed reports associated with the above listed campaign.

Signature of Treasurer

Date



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